

Nebraska Department of Health & Human Services - Division of Public Health  
**Licensure Unit**  
PO Box 94986  
Lincoln, NE 68509-4986  
(402) 471-2118

**AFFIDAVIT TO USE A TECHNICIAN MANUAL THAT HAS ALREADY BEEN  
APPROVED FOR ANOTHER PHARMACY**

I certify that I have read and agree to abide by the '**Pharmacy Technician Manual**' on file for

\_\_\_\_\_ Pharmacy License # of that facility \_\_\_\_\_  
(Name of pharmacy whose technician manual you will be using)

located at: \_\_\_\_\_  
(Pharmacy's Street Address for manual you will be using) (city) (zip)

\_\_\_\_\_  
(Date) (Signature of Pharmacist in Charge requesting approval) (PIC **RP** license #)

\_\_\_\_\_ Pharmacy requesting approval license # \_\_\_\_\_  
(Name of Pharmacy requesting approval)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )SS

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_